

# Consent to Test for HIV – Confidential

Client initials

\_\_\_\_\_

I have been informed of the differences between anonymous and confidential HIV testing. I understand that reactive HIV test results will be forwarded using a non-names code to the California Department of Health for record-keeping purposes.

\_\_\_\_\_

I have been informed about the limitations and implications of HIV tests. I understand that HIV tests' accuracy and reliability are not 100% certain.

Client initials

\_\_\_\_\_

## Rapid Testing Only

I have been informed that I will receive my initial HIV test result before I leave today. I understand that a negative test result does not require confirmation.

\_\_\_\_\_

I have been informed that a reactive rapid HIV test result must be confirmed by a laboratory based test. I consent to give a blood or oral fluid sample for this confirmatory test if my initial test result is reactive.

By my signature below, I acknowledge that I have been given information concerning the benefits and risks of HIV testing, and have had a chance to ask questions which were answered to my satisfaction. I consent to submit a blood or oral fluid sample to be tested for HIV.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Last 4 digits SS #

\_\_\_\_\_

Printed Name

Client initials

\_\_\_\_\_

## Contact Information

In the event that I miss my follow-up appointment, I consent to be contacted by \_\_\_\_\_ to reschedule my missed appointment.

(agency representative)

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP Code

\_\_\_\_\_

Home phone

\_\_\_\_\_

Alternate phone

Additional contact instructions: \_\_\_\_\_